

## CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (5-99)

1. CIR/DIST./DIV. CODE <b>CANSJ</b>		2. PERSON REPRESENTED <b>MARTINEZ, VICTOR</b>		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER <b>CR-07-00550-JF</b>		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) <b>U.S. V. DELGADO, ET AL.</b>		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Indigent <input checked="" type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other... <input type="checkbox"/> Appellant	
10. REPRESENTATION TYPE (See Instructions) <b>CC</b>					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense <b>18:3146(a)(2); 18:401(3)</b>					
12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix) AND MAILING ADDRESS  <b>JACK GORDON</b> <b>95 S. MARKET ST., #300</b> <b>SAN JOSE CA 95113</b>  Telephone Number <b>408-286-1351</b>			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Sub for Retained Atty. <input type="checkbox"/> P Subs for Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interest of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See instructions)  _____ Signature Of Presiding Judicial Officer or By Order Of The Court <b>2/9/08</b> <b>9/14/2007</b> Date Of Order Name For Time Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
<div style="font-size: 2em; font-weight: bold; margin: 0;">FILED</div> <div style="font-size: 1.2em; font-weight: bold; margin: 0;">FEB 14 2008</div> <div style="font-size: 0.8em; margin: 0;">RICHARD W. WIEKING CLERK U.S. DISTRICT COURT, SOUTHERN DISTRICT OF CALIFORNIA</div>					
CATEGORIES (attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT
15. In Court					
a. Arraignment And/or Plea					
b. Bail And Detention Hearings					
c. Motion Hearings					
d. Trial					
e. Sentencing Hearings					
f. Revocation Hearings					
g. Appeals Court					
h. Other (Specify On Additional Sheets)					
(RATE PER HOUR = ) TOTALS:					
16. Out Of Court					
a. Interview and conferences					
b. Obtaining and reviewing records					
c. Legal research and brief writing					
d. Travel time					
e. Investigative and other work (Specify on additional sheets)					
(RATE PER HOUR = ) TOTALS:					
17. Travel Expenses ( Lodging, parking, meals, mileage, etc.)					
18. Other Expenses ( other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.  Signature Of Attorney _____ Date _____					
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES	
26. OTHER EXPENSES		27. TOT. AMT. APPR./CERT.			
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER				DATE	
29. IN COURT COMP.				30. OUT OF COURT COMP.	
31. TRAVEL EXPENSES				32. OTHER EXPENSES	
33. TOTAL AMT. APPROVED				34. JUDGE/MAG CODE	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.				DATE	
35. JUDGE CODE					